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7590 06/21/2005

Richard C. Litman  
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09/21/2005 MBEYENE2 00000010 10730083

01 FC:2501 700.00 DP  
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/730,083	12/09/2003	David M. Sanders	22203 . 00	8863

TITLE OF INVENTION: INFANT EYE TRAINER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	09/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MARMOR II, CHARLES ALAN	3736	600-558000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 RICHARD C. LITMAN  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
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- ☒ A check in the amount of the fee(s) is enclosed.  
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

John R. Wenzel  
 JOHN R. WENZEL

Date

SEPT. 19, 2005

Typed or printed name

Registration No.

24,768

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Docket No. 22203.00  
Box Issue Fee  
Customer No. 37833

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: DAVID M. SANDERS

SERIAL NO: 10/730,083

FILED: December 9, 2003

FOR: INFANT EYE TRAINER

GROUP: 3736

EXAMINER: MARMOR II, CHARLES ALAN

ALLOWED: June 21, 2005

CONFIRMATION NO.: 8863

COMMISSIONER FOR PATENTS

Box Issue Fee

P. O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith are:

1. Form PTOL-85B
2. Check for \$1000.00

Additional fees due, if any, may be charged to Deposit Account No. 12-1662 of the undersigned.

If you have any questions concerning this matter, please contact my office.

Respectfully submitted,

John R. Wenzel  
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(703) 486-1000

JRW: jrw